

**HHSC CONTRACT NO. 529-16-0004-00001-B**  
**AMENDMENT NO. 2 -- RENEWAL #1**  
**ALTERNATIVES TO ABORTION PROGRAM**

The Health and Human Services Commission ("HHSC") and Texas Pregnancy Care Network ("Contractor" or "TPCN"), having its principal office at 1101 South Capital of Texas Highway, Building K, Suite 250, Austin, Texas 78746 (each a "Party" and collectively the "Parties") desire to amend the Alternatives to Abortion contract ("Contract") with the terms and conditions contained herein ("Amendment").

**WHEREAS**, the Parties desire to exercise the first renewal option contained in Contract Section III. DURATION and renew the Contract;

**WHEREAS**, the Parties further desire to modify Contract Section V. CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES by adding funds to the Contract for the performance of Services during the term of this Amendment; and

**WHEREAS**, the Parties desire to modify various other provisions of the Contract as described herein.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION III** of the Contract, DURATION, is hereby deleted in its entirety and replaced with the following:

This Amendment will be effective on September 1, 2017 and will terminate on February 28, 2018, unless it is renewed or terminated pursuant to the terms and conditions of the Contract. HHSC, in its sole discretion, may renew this Contractor for up to an additional one year and six month term. HHSC also reserves the right to extend the contract for one (1) additional year, or as necessary, to complete the mission of the procurement.

2. **SECTION IV** of the Contract, CONTRACT ELEMENTS, is hereby modified as follows:

- A. Appendix E's Attachment A-1, Performance Template, is replaced with ATTACHMENT A, Performance Template FY 2018, which is attached hereto and incorporated herein by this reference; and
- B. Appendices F and H are replaced with ATTACHMENT B, Budget Forms A2A FY 2018, which is attached hereto and incorporated herein by this reference.

3. **SECTION VI** of the Contract, ORDER OF ATTACHMENTS, is hereby modified as follows:

- A. Subsections (g) is deleted in its entirety and replaced with: "Budget Forms A2A FY 2018 (ATTACHMENT B)";
- B. Subsection (i) is deleted in its entirety;
- C. Subsection (j) is hereby amended to be subsection (i); and
- D. Subsection (k) is hereby amended to be subsection (j).

4. **SECTION VII** of the Contract, SCOPE OF WORK, is hereby modified as follows:

- A. The paragraph under Section VII. Scope of Work is modified by adding “A.” before the start of the paragraph; and
- B. The following language is added:
  - “B. TPCN shall ensure that all HHSC-approved educational materials used under the Contract, including but not limited to Women's Right to Know, shall be distributed to, and used by, all Service providers at their service locations within thirty (30) days after the effective date of this Amendment and shall be used throughout the duration of the Contract, as amended.
- C. TPCN shall ensure that all educational materials used under the Contract are up-to-date.
- D. In the event HHSC determines that the educational materials required under the Contract are not up-to-date or are not being used by Service providers, TPCN shall ensure compliance with subsections B and C within one (1) business day of its receipt of notice from HHSC.”

5. **SECTION VIII** of the Contract, BUDGET AND INVOICING, is hereby modified as follows:

- A. The first paragraph of this section is deleted in its entirety and replaced with the following language:

“A. Payments, Invoices, Reconciliation:

1. Not-to-Exceed Amount and Scheduled Payments

The total amount of this Amendment shall not exceed \$4,575,000 as described in ATTACHMENT B. The total not-to-exceed amount for the Contract is \$17,242,615.82. All expenditures on this Contract must be the actual costs that derive from Services provided and related expenses that are allowable expenses under this Contract in accordance with federal and state laws; Code of Federal Regulations Title 2, Subtitle A, Chapter II-Part 200; ATTACHMENT B, and Plan of Operations. HHSC will make payments to the Contractor in the amounts, and by the dates, indicated in the Payment Schedule contained in subsection C, below. TPCN shall invoice HHSC as required in Appendix I of the Contract.

2. Actual Costs Itemization for Prior Month's Invoice

TPCN must submit an actual cost itemization for actual costs incurred for the prior month in which Services were provided and the Program Report to the Contract Representative identified in Section X, in a manner acceptable to HHSC, by the twentieth day after the last day of

each month in which Services were provided. Upon HHSC's request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry, or audit by HHSC or any other responsible authority.

3. Reconciliation

- a. At a minimum, HHSC will perform a quarterly reconciliation of the payments made by HHSC during the HHSC-defined period of review and TPCN's actual expenses for Services performed under the Contract during that time. TPCN shall provide HHSC with any requested documentation regarding TPCN's actual expenditures within two (2) business days from the date HHSC requests such documentation.
- b. In the event TPCN's actual costs are less than the total payments made during the period of review, TPCN shall reimburse HHSC the total amount of overpayment made by HHSC within five (5) business days from the date HHSC notifies TPCN of the overpayment.
- c. In no event shall TPCN be entitled to additional funds if TPCN's actual expenses exceed the amounts paid by HHSC.
- d. This provision does not prevent HHSC from seeking any other remedies expressly provided for in the Contract resulting from overpayments.
- e. This provision will survive the expiration of the Amendment and the Parties will ensure that the not-to-exceed amount of the Amendment is subject to reconciliation."

B. The second paragraph of this section is modified by adding a "B." at the start of the paragraph.

C. The payment schedule contained in the Contract is deleted in its entirety and replaced with the following:

C. Payment Schedule:

Payment No.	Description	Payment Due Date	Amount
1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2017	\$762,500.00
2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2017	\$762,500.00
3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2017	\$762,500.00
4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2017	\$762,500.00
5	Project Admin, Statewide Information,	January 31, 2018	\$762,500.00

	Outreach, Education & Referral Programs & Services and Client Services		
6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 28, 2018	\$762,500.00

- D. The first paragraph after the payment schedule in the Contract, prior to this Amendment, is modified by adding a “D.” at the start of the paragraph.
- F. The last two paragraphs of Section VIII in the Contract, prior to this Amendment, are modified by adding an “E.” at the start of the second-to-last paragraph and a “F.” at the start of the last paragraph.
6. **SECTION X** of the Contract, CONTRACT REPRESENTATIVES, is hereby modified by deleting the information pertaining to HHSC and replacing it with the following:

**HHSC**

Anne Basa  
 Health and Human Services Commission  
 1100 W. 49<sup>th</sup> Street  
 Mail Code 0224  
 Austin, TX 78751  
 Tel: (512) 776-6302  
 Email: [Anne.Basa@hhsc.state.tx.us](mailto:Anne.Basa@hhsc.state.tx.us)

7. **SECTION XI** of the Contract, LEGAL NOTICES, is hereby modified by deleting “Chris Traylor” under the portion pertaining to HHSC and replacing it with “Charles Smith”.
8. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]**

10. The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

**SYSTEM AGENCY**

**TEXAS PREGNANCY CARE NETWORK**

DocuSigned by:  
  
F9D010121C=B41D...  
Charles Smith  
Executive Commissioner

By:   
Name: John McNamara  
Title: Executive Director

Date of Execution: 8/31/2017 | 6:39 PM CDT

Date of Execution: 8/28/17

**THE FOLLOWING ATTACHMENTS ARE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE:**

**ATTACHMENT A – PERFORMANCE TEMPLATE FY 2018**  
**ATTACHMENT B – BUDGET FORMS A2A FY 2018**

# Attachment A



**Performance Template**  
**Attachment A-1 - RFP**  
**Contract Exhibit G2**

This template is intended to describe the services the respondent proposes to provide during Fiscal Year 2018, (1 Sep 17 - 28 Feb 18) and to indicate the respondents' estimate of the volume of services that will be provided, especially the number of persons to be served. The template indicates and quantifies what the state can expect to receive for the funding available.

Describe the strategies you intend to use to deliver services. Include a full description of the strategy and the key outcomes of that strategy, including where appropriate, the number of people served. The performance template should be consistent with the budget template in that it should generally reflect the vendor's planned use of available funds as shown in the budget template. If in some instances you intend to pursue strategies and show outcomes in the performance template that would not appear to relate to Attachment B, Cost Proposal Budget add clarifying footnotes as necessary. Some possible examples are provided in the Example Table below.

<b>Fiscal Year 2018 Performance Template</b>	
<b>Deliverable</b>	<b>Centralized Statewide Information, Outreach, Education and Referral Services</b>
<b>Description of Strategy</b>	Provide outreach website at <a href="http://www.texaspregnancy.org">www.texaspregnancy.org</a>
<b>Key Outcomes</b>	The number of unique visitors to website will be reported
<b>Measures</b>	The effectiveness of other outreach methods to educate the public about the Program and encourage potential clients to search for Providers in their area
<b>Deliverable</b>	<b>Centralized Statewide Information, Outreach, Education and Referral Services</b>
<b>Description of Strategy</b>	Provide Community Outreach by attending Meetings of Professional Organizations
<b>Key Outcomes</b>	At least 750 professionals will be educated on the Program
<b>Measures</b>	The number of school nurses, school counselors, and other professionals who learn about the Program and are able to refer potential clients to its services.
<b>Deliverable</b>	<b>Centralized Statewide Information, Outreach, Education and Referral Services</b>
<b>Description of Strategy</b>	Identify and provide contracts to social service agencies, pregnancy centers, adoption agencies and maternity homes statewide that offer core services.
<b>Key Outcomes</b>	At least 115 Provider locations will be providing Program services statewide in every HHSC region of the state.
<b>Measures</b>	The availability of client services to potential clients in the state.
<b>Deliverable</b>	<b>Client Services in Communities</b>
<b>Description of Strategy</b>	Provide core services consisting of information and counseling/mentoring plus necessary support services and related support services to women during their pregnancy and for 24 months after birth.

**Texas Pregnancy Care Network**  
**Alternatives to Abortion**  
**RFP #529-16-0004**  
Attachment A-1, Performance Template



<b>Fiscal Year 2018 Performance Template</b>	
<b>Key Outcomes</b>	Approximately 15,000 clients will be served by the Program, and reported by client's age and by county.
<b>Measures</b>	The number of clients served in the state.
<b>Deliverable</b>	<b>Client Services in Communities</b>
<b>Description of Strategy</b>	Provide core services consisting of information and counseling/mentoring plus necessary support services and related support services to women during their pregnancy and for 24 months after birth.
<b>Key Outcomes</b>	Clients will make approximately 55,000 visits to Providers, reported by client's age and by county.
<b>Measures</b>	The amount of services provided in the state.
<b>Deliverable</b>	<b>Client Services in Communities</b>
<b>Description of Strategy</b>	Provide information, counseling, and classes on parenting skills.
<b>Key Outcomes</b>	At least 2,375 clients will attend parenting classes.
<b>Measures</b>	The amount of services provided in the state.
<b>Deliverable</b>	<b>Client Services in Communities</b>
<b>Description of Strategy</b>	Provide information, counseling, and classes on parenting skills.
<b>Key Outcomes</b>	At least 5,750 clients will be counseled on parenting skills.
<b>Measures</b>	The amount of services provided in the state.
<b>Deliverable</b>	<b>Client Services in Communities</b>
<b>Description of Strategy</b>	Provide accurate information on adoption.
<b>Key Outcomes</b>	At least 2,750 clients will be counseled on adoption.
<b>Measures</b>	The amount of services provided in the state.



# Attachment B

Appendix B: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Texas Pregnancy Care Network

Budget Categories	Total Alternatives To Abortion Budget (1)
A. Personnel	\$320,592
B. Fringe Benefits	\$187,803
C. Travel	\$22,500
D. Equipment	\$0
E. Supplies	\$15,000
F. Contractual	\$3,645,954
G. Other	\$383,151
H. Total Direct Costs	\$4,575,000
I. Indirect Costs	\$0
J. Total (Sum of H and I)	\$4,575,000

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below
<p>Fringe Benefit is calculated at the following rate: a) 7.65 FICA (6.2-Social Security and 1.45 Medicare) b) 45 Workers Compensation Insurance Texas Workforce Commission c) 0.0 Employee Support Program (Tuition Reimbursement, Paid Training) d) 1.67 Vacation/Personal (Unused portion paid) e) 42.58 Benefits (Health, Dental, Vision, Mental Health)</p>	

## TRAVEL Budget Category Detail Form

Legal Name of Respondent:

**Texas Pregnancy Care Network****Conference / Workshop Travel Costs**

Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

**\$0****Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Statewide recruiting, training, monitoring, support, and oversight of 115 subcontracted service provider locations across the State of Texas. To ensure the	6000	\$0.535	\$3,210	\$19,290	\$22,500
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

**\$22,500**Other / Local Travel Costs: **\$22,500**Conference / Workshop Travel Costs: **\$0****Total Travel Costs:****\$22,500**

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

Revised: 3/25/2014



## Texas Pregnancy Care Network

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Office Supplies	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$15,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

**\$15,000**

**CONTRACTUAL Budget Category Detail Form**Legal Name of Respondent: Texas Pregnancy Care Network

List contracts for medical services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL COST
Reimbursements to over 50 subcontractors	Counseling, Classes, Materials and Referral reimbursement paid to subcontractors for client services	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	Monthly	6	#####	\$3,645,954
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$3,645,954

**OTHER COSTS Budget Category Detail Form**

Legal Name of Respondent:

Texas Pregnancy Care Network

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
Rent	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$38,400
Equipment Service Contracts	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$900
Job Advertising	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$151
Employee Screening	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$450
Professional Development	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$1,000
Consulting: IT, Legal, Accounting	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$15,000
Auditing	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$20,000
Postage/Shipping	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$1,000
General Liability Insurance	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$0
Directors and Owners Liability Insurance	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$0
Dues and Subscriptions	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$1,275
Educational Materials for Providers	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$125,000
Advertising	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$75,000
Website Hosting & Improvements	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$4,750
Telecommunications & Internet Expenses	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$6,000
Community Awareness Costs	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$4,250
Travel/Lodging (Administrative)	See attached Summary of Program Budget Proposal - Sep 2017-Feb 2018 for description	\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$89,975

Total Amount Requested for Other:

**\$383,151**

Revised: 3/25/2014



Indirect Costs

Legal Name of Respondent:

Texas Pregnancy Care Network

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:  
BASE:

***Applies only to governmental entities.*** The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

**Note:** Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. HHSC). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to HHSC.

RATE:  
TYPE:  
BASE:

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to HHSC within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

## Texas Pregnancy Care Network

PERSONNEL		Vacant Y/N	Justification	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title E = Existing or P = Proposed								
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
<div> <div>0</div> <div>SalaryWage Total</div> </div>								
								\$0

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Texas Pregnancy Care Network

Conference / Workshop Travel Costs				
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0
				Mileage
				Airfare
				Meals
				Lodging
				Other Costs
				Total \$0

Total for Conference / Workshop Travel \$0

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel

\$0

Other / Local Travel Costs:

\$0

Conference / Workshop Travel Costs:

\$0

Total Travel Costs:

\$0

## Texas Pregnancy Care Network

[illegible]

05

SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Texas Pregnancy Care Network

Itemize and describe each supply item and provide an estimated quantity and cost if applicable. Provide a justification for each supply item. Costs may be categorized by each general type - office, computer, medical, educational, etc. Supplies can be consumable - paper, drugs, etc., OR controlled assets costing \$500 or more but less than \$5,000 - computers, printers, phones, medical and lab equipment, etc.

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0

## Texas Pregnancy Care Network

[illegible]

05

## Texas Pregnancy Care Network

[illegible]

**\$89,975**





**Summary of Program Budget Proposal  
Sep 2017-Feb 2018**

	Project Administration	Information Outreach, and Referral	Client Services in Communities
Sep 2017-Feb 2018 Operating Costs	\$ 355,247.00 (7.8%)	\$ 535,799.00 (11.7%)	\$ 3,683,954.00 (80.5%)
		<b>GRAND TOTAL</b>	<b>\$ 4,575,000.00</b>

A handwritten signature in blue ink, appearing to be "John McNamara".

John McNamara  
Executive Director

September 2017 - February 2018 ESTIMATED TEXAS COST OF OPERATIONS		
1	<i><b>COST CATEGORY: PROJECT ADMINISTRATION</b></i>	<b>Total Dollars</b>
1a	<i><b>Salaries</b></i>	
	Executive Director	\$ 60,365.00
	Program Director	\$ 39,678.00
	Accountant	\$ 34,354.00
	Operations Coordinator	\$ 19,631.00
	Administrative Assistant	\$ 17,177.00
	Overtime	\$ 500.00
	Unused Vacation & Personal/Sick	\$ 3,500.00
	Payroll Taxes	\$ 14,016.00
	Workers Compensation Insurance	\$ 1,000.00
	Employee Group Benefits	\$ 71,250.00
	<b>Subtotal</b>	<b>\$ 261,471.00</b>
1b	<i><b>Rent</b></i>	
	Rent	\$ 38,400.00
	<b>Subtotal</b>	<b>\$ 38,400.00</b>
1c	<i><b>Equipment</b></i>	
	Equipment Service Contracts	\$ 900.00
	<b>Subtotal</b>	<b>\$ 900.00</b>
1d	<i><b>Travel</b></i>	
	Travel/Lodging	\$ 600.00
	<b>Subtotal</b>	<b>\$ 600.00</b>
1e	<i><b>Other</b></i>	
	Job Advertising	\$ 150.00
	Employee Screening	\$ 451.00
	Professional Development	\$ 1,000.00
	Consulting: IT, Legal, Admin	\$ 15,000.00
	Auditing	\$ 20,000.00
	Postage/Shipping	\$ 1,000.00
	General Liability Insurance	\$ 0.00
	Directors and Owners Liability Insurance	\$ 0.00
	Dues and Subscriptions	\$ 1,275.00
	Office Expense	\$ 15,000.00
	<b>Subtotal</b>	<b>\$ 53,876.00</b>
	<b>TOTAL PROJECT ADMINISTRATION COSTS</b>	<b>\$ 355,247.00</b>

September 2017 - February 2018 ESTIMATED TEXAS COST OF OPERATIONS		
2	<b><i>COST CATEGORY: CENTRALIZED STATEWIDE INFORMATION, OUTREACH, EDUCATION, AND REFERRAL SERVICES</i></b>	<b>Total Dollars</b>
2a	<b><i>Salaries</i></b>	
	Program Compliance Manager	\$ 26,796.00
	Program Compliance Manager	\$ 22,576.00
	Provider Screening Manager	\$ 26,796.00
	Statewide Quality Control Manager	\$ 26,354.00
	Program Services Manager	\$ 25,765.00
	Education Coordinator	\$ 21,103.00
	Overtime	\$ 2,000.00
	Unused Vacation & Personal/Sick	1,000.00
	Payroll Taxes	\$ 12,184.00
	Workers Compensation Insurance	600.00
	Employee Group Benefits	\$ 81,750.00
	<b>Subtotal</b>	<b>\$ 246,924.00</b>
2b	<b><i>Purchase/Development/Distribution of Written Material</i></b>	
	Purchase/Development/Distribution of Written Material	\$ 125,000.00
	<b>Subtotal</b>	<b>\$ 125,000.00</b>
2c	<b><i>Outreach Media</i></b>	
	Services Outreach Advertising	\$ 75,000.00
	Website Hosting & Improvements	\$ 4,750.00
	<b>Subtotal</b>	<b>\$ 79,750.00</b>
2d	<b><i>Travel</i></b>	
	Travel/Lodging	\$ 22,500.00
	<b>Subtotal</b>	<b>\$ 22,500.00</b>
2e	<b><i>Telecommunications &amp; Internet Expenses</i></b>	
	Telecommunications & Internet Expenses	\$ 6,000.00
	<b>Subtotal</b>	<b>\$ 6,000.00</b>
2f	<b><i>Community Awareness Costs</i></b>	
	Community Awareness Costs	\$ 4,250.00
	<b>Subtotal</b>	<b>\$ 4,250.00</b>
2g	<b><i>Other</i></b>	
	Billing System License Fee	\$ 30,000.00
	Billing System Data Management Fee	\$ 6,375.00
	Billing System Programming	\$ 15,000.00
	Contract Termination Costs	\$ 0.00
	<b>Subtotal</b>	<b>\$ 51,375.00</b>
	<b>TOTAL INFO, OUTREACH, EDUCATION, AND REFERRAL</b>	<b>\$ 535,799.00</b>

September 2017 - February 2018 ESTIMATED TEXAS COST OF OPERATIONS		
3	<b><i>COST CATEGORY: CLIENT SERVICES IN COMMUNITIES</i></b>	<b>Total Dollars</b>
3a	<b><i>Contracted Services</i></b>	
	Counseling Reimbursement to Providers	\$ 3,645,954.00
	<b>Subtotal</b>	<b>\$ 3,645,954.00</b>
3b	<b><i>Services Provided by Vendor</i></b>	
	Training	\$ 1,000.00
	Meetings and Seminars	\$ 37,000.00
	<b>Subtotal</b>	<b>\$ 38,000.00</b>
	<b>TOTAL CLIENT SERVICES IN COMMUNITIES COSTS</b>	<b>\$ 3,683,954.00</b>

4,575,000

<b>Sep 2017 - Feb 2018 Estimated Cost of Operations: Project Administration Costs - \$355,247</b>		
<b>Budget Line</b>	<b>Amount</b>	<b>Description</b>
1 Executive Director	\$ 60,365.00	Oversees all aspects of the Alternative to Abortion Program to ensure a successful program. Sep 2017-Feb 2018 full time salary.
2 Program Director	39,678.00	Ensures complete contract compliance by managing compliance staff and Provider compliance. Sep 2017-Feb 2018 full time salary
3 Accountant	\$ 34,354.00	Responsible for financial management of Program, including reporting, cost compliance, and Provider disbursements. Sep 2017-Feb 2018 full time salary
4 Operations Coordinator	\$ 19,631.00	Oversees the administrative operations and project planning of all facets of the Program. Sep 2017-Feb 2018 full time salary
5 Administrative Assistant	\$ 17,177.00	Provides administrative support to Program, including phones and mail. Sep 2017-Feb 2018 full time salary
6 Overtime	\$ 500.00	Overtime for administrative support staff
7 Unused Vacation & Personal/Sick	\$ 3,500.00	Vacation hours rate: 3.69 hrs per bi-weekly pay at 96 hrs/year. Personal/Sick hours rate: 1.85 hrs per bi-weekly pay at 48 hrs/year.
8 Payroll Taxes	\$ 14,016.00	Employer share of social security, Medicare, and unemployment for administrative staff needed to conduct statewide Program
9 Workers Compensation Insurance	1,000.00	Workers comp insurance for admin staff
10 Employee Group Benefits	\$ 71,250.00	Employee/family health, employee life/disability insurance, and retirement plan for administrative staff
11 Rent	\$ 38,400.00	Expense of office needed to administer statewide contract, plus security, janitorial, utility costs in Travis County, Texas
12 Equipment Services Contracts	\$ 900.00	Copier service contract plus excess copy charges
13 Travel/Lodging (admin)	\$ 600.00	Travel costs for administrative staff carrying out administrative tasks
14 Job Advertising	\$ 150.00	Print and online job postings to recruit new staff as needed for turnover
15 Employee Screening	\$ 451.00	Costs of interviewing, screening, testing, and verifying education of new staff
16 Professional Development	\$ 1,000.00	Expenses of classes/seminars/materials to ensure skill quality
17 Consulting: IT, Legal, Admin	\$ 15,000.00	Fees for IT, legal and admin services
18 Auditing	\$ 20,000.00	Fees for independent audit of accounting records, procedures, and internal controls by CPA firm; preparation of tax return
19 Postage/Shipping	\$ 1,000.00	Postage & expenses required for shipping payments, supplies, education materials, reports, and documents to contractors, subcontractors, potential subcontractors
20 General Liability Insurance	\$ 0.00	Business liability insurance
21 Directors and Owners Liability Ins	\$ 0.00	Liability insurance to cover actions of the Board of Directors and Executive Staff
22 Dues and Subscriptions	\$ 1,275.00	Professional and association dues
23 Office Expense	\$ 15,000.00	Office expense & supplies required for Program operation

<b>Sep 2017 - Feb 2018 Estimated Cost of Operations: Centralized Statewide Information, Outreach, Education and Referral Services - \$535,799</b>		
1 Program Compliance Manager	\$ 26,796.00	Responsible for ongoing monitoring of subcontracted Providers, ensuring that Program rules and guidance are being followed. Sep 2017-Feb 2018 full time salary
2 Program Compliance Manager	\$ 22,576.00	Responsible for ongoing monitoring of subcontracted Providers, ensuring that Program rules and guidance are being followed. Sep 2017-Feb 2018 full time salary
3 Provider Screening Manager	\$ 26,796.00	Recruits and screens new potential providers to ensure that they meet Program standards. Sep 2017-Feb 2018 full time salary
4 Statewide Quality Control Manager	\$ 26,354.00	Oversees administration of online tracking and invoicing system, including screening invoices for accuracy. Sep 2017-Feb 2018 full time salary
5 Program Services Manager	\$ 25,765.00	The main Program liaison and point of contact for the approximately 700 Program counselors and 99 Texas locations. Sep 2017-Feb 2018 full time salary
6 Education Coordinator	\$ 21,103.00	Reviews all Provider educational materials and facilitates annual Educational Materials Purchase for Providers. Sep 2017-Feb 2018 full time salary
7 Overtime	\$ 2,000.00	Overtime for statewide outreach support staff
8 Unused Vacation & Personal/Sick	\$ 1,000.00	Vacation hours rate: 3.69 hrs per bi-weekly pay at 96 hrs/year. Personal/Sick hours rate: 1.85 hrs per bi-weekly pay at 48 hrs/year.
9 Payroll Taxes	\$ 12,184.00	Employer share of social security, Medicare, and unemployment for outreach staff needed to conduct statewide Program
10 Workers Compensation Insurance	\$ 600.00	Workers comp insurance for outreach staff
11 Employee Group Benefits	\$ 81,750.00	Employee/family health, employee life/disability insurance, and retirement plan for outreach staff
12 Purchase/Development/Distribution of Written Material	\$ 125,000.00	Costs to purchase and/or develop educational materials for use by Providers to educate clients about pregnancy, childbirth and parenting. Materials include books, curricula, brochures, DVDs, posters
13 Services Outreach Advertising	\$ 75,000.00	Advertise program services to Texas residents using online, television, radio, print, etc.
14 Website Hosting & Improvemets	\$ 4,750.00	Annual fees for hosting texaspregnancy.org outreach website; costs to update/improve content
15 Travel/Lodging	\$ 22,500.00	Mileage, lodging, meals, parking, other travel expenses for staff. Travel to provide: information meetings to potential Providers; facility tours during approval process; re-training; site monitoring activity.
16 Telecommunications & Internet Exp.	\$ 6,000.00	Local, long distance, and internet
17 Community Awareness Costs	\$ 4,250.00	Attending conferences, seminars and presentations to inform public about the Program; supporting promotional materials
18 Billing System License Fee	\$ 30,000.00	Licensing fee for BriteWorks Pregnancy Center, including processes and online billing system
19 Billing System Data Management Fee	\$ 6,375.00	Fee for secure offsite data storage
20 Billing System Programming	\$ 15,000.00	Ongoing maintenance and additions to online billing system

<b>Sep 2017 - Feb 2018 Estimated Cost of Operations: Clients Services in Communities - \$3,683,954</b>		
1 Reimbursement to Subcontractors	\$ 3,645,954.00	Reimbursement for client services
2 Training	\$ 1,000.00	Introduce Program to potential Providers; train counselors from approved Providers in Program rules/procedures
3 Meetings & Seminars	\$ 37,000.00	Annual Provider regional meetings/conference for statewide Program
4,575,000.00		